PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. H02000225909

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 NOV 14 PM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100226

1. Corporation Name

GLOBAL MEDICAL ASSOCIATES, INC.

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
2005 Salt Myrtle Lane	2005 Salt Myrtle Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, FL	City & State: Orange Park, FL
Zip: 32003 Country: USA	Zip: 32003 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-16-2001

5. FEI Number: 59-3750586 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Roland Powers, DO

Street Address (P.O. Box Number is Not Acceptable): 2005 Salt Myrtle Lane

Suite, Apt. #, Etc.:

City: Orange Park State: FL Zip Code: 32003

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 10/25/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert Roland Powers, DO	2005 Salt Myrtle Lane	Orange Park, FL 32003
D	Belle B. Almojera, MD	5601 Timuquana Road	Jacksonville, FL 32210

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 10/25/02 H02000225909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E087 (9/01)

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

GLOBAL MEDICAL ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00